

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/									
2										
3										
4										
5										
6										
7										
8										
9	/									
10										
11										
12										
13										
14										
15										
16										
17	/									
18										
19										
20										
21										
22										
23										
24										
25	/									
26										
27										
28										
29										
30										
31										
32										
33	/									
34										
35										
36										
37										
38										
39										
40										
41	/									
42										
43										
44										
45										
46										
47										
48										
49	/									
50										
51										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69										
70										
71										
72										
73										
74										
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										
97										
98										
99										
100										
TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										